

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Cleck for Congress

ADDRESS (number and street)

PO Box 984

Check if different
than previously
reported. (ACC)

Willows

CA

95988-0984

2. FEC IDENTIFICATION NUMBER ▼

C

C00576348

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kelly Lawler

Signature of Treasurer

Kelly Lawler

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 47

Write or Type Committee Name

Cleck for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	29309.56	82922.68
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	29309.56	82922.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33378.42	49332.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	33378.42	49332.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	223589.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	195060.22	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Cleek for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

23600

75450

(ii) Unitemized.....

5065.16

6828.28

(iii) TOTAL of contributions from individuals ▶

28665.16

82278.28

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) The Candidate.....

644.4

644.4

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

29309.56

82922.68

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

30000

190000

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

30000

190000

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

59309.56

272922.68

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 47

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33378.42	49332.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33378.42	49332.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	197658.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	59309.56
25. SUBTOTAL (add Line 23 and Line 24).....	256968.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33378.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	223589.91

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Brian Boswell

Mailing Address 2175 East 8th Street

City Chico	State CA	Zip Code 95928
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : A-CF109

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)
Kamron D Koehnen

Mailing Address 8150 County Road 31

City Glenn	State CA	Zip Code 95943-9605
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer C F Koehnen & Sons	Occupation Beekeeper
--	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2015

Transaction ID : A-CF112

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Bud Caldwell

Mailing Address 3305 Neal Road

City Paradise	State CA	Zip Code 95969-6110
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Northgate Petroleum	Occupation Business Owner
---	------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : A-CF117

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Shayne C Gad

Mailing Address 102 Woodtrail Lane

City State Zip Code
 Cary NC 27518-9730

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Self Employed

Occupation
 Toxicologist

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500

Date of Receipt

M M / D D / Y Y Y Y
 08 03 2015

Transaction ID : A-CF120

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)
James W Goddard

Mailing Address 3164 Willow Bend Drive

City State Zip Code
 Chico CA 95973-8716

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Self Employed

Occupation
 Manufacturer's Representative

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500

Date of Receipt

M M / D D / Y Y Y Y
 08 03 2015

Transaction ID : A-CF118

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Leland H McCorkle

Mailing Address 2470 County Road Ww

City State Zip Code
 Glenn CA 95943-9664

FEC ID number of contributing federal political committee. **C**

Name of Employer
 McCorkle Trucking

Occupation
 Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000

Date of Receipt

M M / D D / Y Y Y Y
 08 03 2015

Transaction ID : A-CF121

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

×	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)
Cleek for Congress

500

A horizontal number line with 10 tick marks. The number 2000 is written above the 8th tick mark from the left.

500

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Barry Johnson

Mailing Address 1 Spanish Garden Drive

City State Zip Code
Chico CA 95928-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northstate AnesthesiologyOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		25		2015

Transaction ID : A-CF148

Amount of Each Receipt this Period

2700

B. Full Name (Last, First, Middle Initial)
Leo Gunther Enterprises

Mailing Address 6347 County Road 20

City State Zip Code
Orland CA 95963-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2015

Transaction ID : A-CF164

Amount of Each Receipt this Period

500

Sole Proprietor

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

C. Full Name (Last, First, Middle Initial)
Leo Gunther

Mailing Address 6347 County Road 20

City State Zip Code
Orland CA 95963-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leo Gunther EnterprisesOccupation
Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2015

Transaction ID : A-PIP1

Amount of Each Receipt this Period

500

Sole Proprietor

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial) Zeke Cleek		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2015	
Mailing Address 25220 Schaff Drive		Transaction ID : A-CF169	
City Chugiak	State AK	Zip Code 99567	Amount of Each Receipt this Period 800
FEC ID number of contributing federal political committee. C			
Name of Employer U.S. Army	Occupation Military		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800		
B. Full Name (Last, First, Middle Initial) Jack Bucke		Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2015	
Mailing Address 6122 County Road 15		Transaction ID : A-CF167	
City Orland	State CA	Zip Code 95963	Amount of Each Receipt this Period 250
FEC ID number of contributing federal political committee. C			
Name of Employer Bucke's Feed & Grain	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		
C. Full Name (Last, First, Middle Initial) Dwight Foltz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2015	
Mailing Address 70 E Walker Street		Transaction ID : A-CF172	
City Orland	State CA	Zip Code 95963-1523	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C			
Name of Employer Board of Sup Glenn Co Dist 2	Occupation Self Employed		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
SUBTOTAL of Receipts This Page (optional).....		1550.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Leland H McCorkle

Mailing Address 2470 County Road Ww

City Glenn State CA Zip Code 95943-9664

FEC ID number of contributing federal political committee. **C**

Name of Employer McCorkle Trucking Occupation Owner

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : A-CF174

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)
Lani M Verboom

Mailing Address 6058 County Road 11

City Orland State CA Zip Code 95963-9407

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : A-CF173

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Brian Boswell

Mailing Address 2175 East 8th Street

City Chico State CA Zip Code 95928

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2015

Transaction ID : A-CF206

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

Douglas Hughes

A.

Mailing Address 11 Walnut Park Drive

City

Chico

State

CA

Zip Code

95928-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer

North State Radiology

Occupation

physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : A-CF197

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

Grant Nitzel

B.

Mailing Address 2970 S Smokey Hill Rd

City

Hastings

State

NE

Zip Code

68901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Lanning hospital

Occupation

Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Transaction ID : A-CF200

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

Daniel Neumeister

C.

Mailing Address PO Box 35651

City

Juneau

State

AK

Zip Code

99803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEARHC

Occupation

Healthcare Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2015

Transaction ID : A-CF204

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial) Gerald Aguiar		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 4232 County Road M		Transaction ID : A-CF222	
City Orland	State CA	Zip Code 95963	Amount of Each Receipt this Period _____ 150
FEC ID number of contributing federal political committee. C			
Name of Employer Mid-Valley Veterinary Hospital	Occupation Veterinarian		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1150		
B. Full Name (Last, First, Middle Initial) John Crook		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1315 Biloxi Court		Transaction ID : A-CF226	
City Aurora	State CO	Zip Code 80018-3031	Amount of Each Receipt this Period _____ 100
FEC ID number of contributing federal political committee. C			
Name of Employer United airlines	Occupation Pilot		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2800		
C. Full Name (Last, First, Middle Initial) John Erickson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 6849 County Road 25		Transaction ID : A-CF217	
City Orland	State CA	Zip Code 95963-9706	Amount of Each Receipt this Period _____ 1000
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Farmer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000		
SUBTOTAL of Receipts This Page (optional).....		_____ 1250.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Don Gormly

Mailing Address 16992 Marinabay Dr.

City State Zip Code
Huntington Beach CA 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meritage Healthcare CEO

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF235

Amount of Each Receipt this Period

2500

B. Full Name (Last, First, Middle Initial)
Jerry Holloway

Mailing Address 3381 Keefer Road

City State Zip Code
Chico CA 95973-8916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meritage Health Care C.S.O.

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF249

Amount of Each Receipt this Period

2500

C. Full Name (Last, First, Middle Initial)
Nancy J Kraemer

Mailing Address 103E E Mill Street

City State Zip Code
Orland CA 95963-1912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kraemer & Co. Accountant

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF240

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
Janetta Maurer

Mailing Address 4215 Drews Way

City Orland State CA Zip Code 95963-9132

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF251

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)
Michael E Maurer

Mailing Address 4215 Drews Way

City Orland State CA Zip Code 95963-9132

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF250

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Dawn McClelland

Mailing Address 3051 Suwanee Creek Road

City Suwanee State GA Zip Code 30024-2059

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Homemaker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : A-CF261

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Cleek for Congress

Full Name (Last, First, Middle Initial)
William Peterson

Mailing Address 4730 Hall Rd.

City State Zip Code
 Corning CA 96021

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KCoe Isom LLP

Occupation
 CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y
 09 30 2015

Transaction ID : A-CF232

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

23600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 47

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cleek for Congress

Full Name (Last, First, Middle Initial)

N. Eugene Cleek MD

Mailing Address PO Box 944

City

Orland

State

CA

Zip Code

95963-0944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enloe Medical CenterOccupation
Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

190644.4

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : A-IF152

Amount of Each Receipt this Period

644.4

Inkind: Campaign T-Shirts

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

644.40

644.40

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 47

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cleek for Congress

A. Full Name (Last, First, Middle Initial)
N. Eugene Cleek MD

Mailing Address **PO Box 944**

City **Orland** State **CA** Zip Code **95963-0944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Enloe Medical Center** Occupation **Surgeon**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
190644.4

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : A-LL3

Amount of Each Receipt this Period

30000

Personal Loan

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

--

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

30000.00
30000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 N Saint Asaph Street

City	State	Zip Code
Alexandria	VA	22314-3109

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

164.45

Transaction ID : B-E-98

B. Campaign Solutions

Mailing Address 117 N Saint Asaph Street

City	State	Zip Code
Alexandria	VA	22314-3109

Purpose of Disbursement
List Rental and Fundraising Commission

003

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

426

Transaction ID : B-E-99

c. Caleb Guerrero

Mailing Address 4517 N Laporte Avenue

City	State	Zip Code
Chicago	IL	60630-3915

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

413.25

Transaction ID : B-E-104

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1003.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Jacob D Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

413.25

Transaction ID : B-E-105

B. Cardmember Service

Mailing Address PO Box 94014

City	State	Zip Code
Palatine	IL	60094-4014

Purpose of Disbursement
Credit Card Payment

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

1184.29

Transaction ID : B-E-106

Original vendors exceeding reporting threshold itemized as memo transactions.

c. Michaels Stores

Mailing Address 2041 Dr ML King Jr Drive

City	State	Zip Code
Chico	CA	95928-6797

Purpose of Disbursement
T-Shirts and Event Supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

665.91

Transaction ID : B-S-32

[MEMO ITEM]

Subitemization of Cardmember Service(07/10/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1597.54

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Website Support

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

75

Transaction ID : B-E-100

B. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Website Hosting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

117

Transaction ID : B-E-101

c. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Website Development

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

5572.5

Transaction ID : B-E-47

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5764.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Design Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

Amount of Each Disbursement this Period

2155.18

Transaction ID : B-E-59

B. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Stock Photography Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

Amount of Each Disbursement this Period

30.18

Transaction ID : B-E-60

c. The KAL Group

Mailing Address PO Box 984

City State Zip Code
Willows CA 95988-0984Purpose of Disbursement
Bookkeeping

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

Amount of Each Disbursement this Period

750

Transaction ID : B-E-102

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2155.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Steve Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Travel and Printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Disbursement this Period

2	2	8	5	.	9	9
---	---	---	---	---	---	---

Transaction ID : B-E-103

Original vendors exceeding reporting threshold itemized as memo transactions.

B. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Disbursement this Period

3	2	3	.	1	8
---	---	---	---	---	---

Transaction ID : B-S-26

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

c. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Baggage Fee

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Disbursement this Period

2	5
---	---

Transaction ID : B-S-30

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2285.99

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel for Interns

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

420.27

Transaction ID : B-S-23

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

B. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

374.27

Transaction ID : B-S-24

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

c. West Chicago Printing Company

Mailing Address 131 Fremont Street

City	State	Zip Code
West Chicago	IL	60185-1924

Purpose of Disbursement
Business Card Printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

118.5

Transaction ID : B-S-28

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Priceline Hotels

Mailing Address 800 Connecticut Avenue

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

City	State	Zip Code
Norwalk	CT	06854-1631

Amount of Each Disbursement this Period

241.83

Purpose of Disbursement
Car Rental

002

Transaction ID : B-S-22

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

[MEMO ITEM]

Subitemization of Steve Krogh(07/10/15)

State: District:

Full Name (Last, First, Middle Initial)

B. Steve Krogh

Mailing Address 29W211 Pine Avenue

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

City	State	Zip Code
West Chicago	IL	60185-2028

Amount of Each Disbursement this Period

123.22

Purpose of Disbursement
Reimburse Supplies and Fuel

001

Transaction ID : B-E-107

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Original vendors exceeding reporting threshold itemized as memo transactions.

State: District:

Full Name (Last, First, Middle Initial)

c. Steve Krogh

Mailing Address 29W211 Pine Avenue

Date of Disbursement

M M	D D	Y Y Y Y
07	10	2015

City	State	Zip Code
West Chicago	IL	60185-2028

Amount of Each Disbursement this Period

225.42

Purpose of Disbursement
Reimbursement:Meals and Travel

001

Transaction ID : B-E-108

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Original vendors exceeding reporting threshold itemized as memo transactions.

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

348.64

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Caleb Guerrero

Mailing Address 4517 N Laporte Avenue

City	State	Zip Code
Chicago	IL	60630-3915

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

384.08

Transaction ID : B-E-137

B. Jacob D Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

384.08

Transaction ID : B-E-136

c. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306

City	State	Zip Code
Sacramento	CA	95816-5755

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

3.75

Transaction ID : B-E-134

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

771.91

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. West Chicago Printing Company

Mailing Address 131 Fremont Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

City	State	Zip Code
West Chicago	IL	60185-1924

Amount of Each Disbursement this Period

715

Purpose of Disbursement
Administrative/Salary/Overhead: Printing

001

Transaction ID : B-E-135

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2015

City	State	Zip Code
Sacramento	CA	95816-5755

Amount of Each Disbursement this Period

33

Purpose of Disbursement
Credit Card Processing Fees

001

Transaction ID : B-E-133

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Cardmember Service

Mailing Address PO Box 94014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

City	State	Zip Code
Palatine	IL	60094-4014

Amount of Each Disbursement this Period

693.4

Purpose of Disbursement
Credit Card Payment: See Memo

001

Transaction ID : B-E-124

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1441.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Michaels Stores

Mailing Address 2041 Dr ML King Jr Drive

City	State	Zip Code
Chico	CA	95928-6797

Purpose of Disbursement
Event Supplies

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

115.81

Transaction ID : B-S-35

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

B. North State Screen Print

Mailing Address 641 Nord Avenue

City	State	Zip Code
Chico	CA	95926-4712

Purpose of Disbursement
Campaign T-Shirts

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

257.19

Transaction ID : B-S-36

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

C. Ellis Art Drafting

Mailing Address 122 Broadway Street

City	State	Zip Code
Chico	CA	95928-5318

Purpose of Disbursement
Office Supplies

004

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

108.53

Transaction ID : B-S-34

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cleek for Congress

Full Name (Last, First, Middle Initial)

A. Ellis Art Drafting

Mailing Address 122 Broadway Street

City	State	Zip Code
Chico	CA	95928-5318

Purpose of Disbursement
Office Supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

11.29

Transaction ID : B-S-37

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

B. Ellis Art Drafting

Mailing Address 122 Broadway Street

City	State	Zip Code
Chico	CA	95928-5318

Purpose of Disbursement
Office Supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

38.09

Transaction ID : B-S-38

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

C. Ellis Art Drafting

Mailing Address 122 Broadway Street

City	State	Zip Code
Chico	CA	95928-5318

Purpose of Disbursement
Office Supplies

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

Amount of Each Disbursement this Period

58.67

Transaction ID : B-S-40

[MEMO ITEM]

Subitemization of Cardmember Service(08/11/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003-1164

Purpose of Disbursement
Administrative/Salary/Overhead: Software

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

2475

Transaction ID : B-E-110

B. Card Services

Mailing Address PO Box 60517

City	State	Zip Code
City Of Industry	CA	91716-0517

Purpose of Disbursement
Credit Card Payment: See Memos

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

3828.21

Transaction ID : B-E-142

Original vendors exceeding reporting threshold itemized as memo transactions.

C. Fairfield Inn

Mailing Address 370 Orange Drive

City	State	Zip Code
Vacaville	CA	95687-3205

Purpose of Disbursement
Lodging

002

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

266.56

Transaction ID : B-S-96

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6303.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Priceline Car Rental

Mailing Address 800 Connecticut Avenue

City	State	Zip Code
Norwalk	CT	06854-1631

Purpose of Disbursement
Rental Car

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

204.29

Transaction ID : B-S-75

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

B. Solano County Fairgrounds

Mailing Address 900 Fairgrounds Drive

City	State	Zip Code
Vallejo	CA	94589-4003

Purpose of Disbursement
Commercial Exhibit Space

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

500

Transaction ID : B-S-68

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

C. Priceline Hotels

Mailing Address 800 Connecticut Avenue

City	State	Zip Code
Norwalk	CT	06854-1631

Purpose of Disbursement
Lodging

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

299.08

Transaction ID : B-S-74

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

398.18

Transaction ID : B-S-59

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

B. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Baggage Fee

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

25

Transaction ID : B-S-95

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement
Air Travel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

620

Transaction ID : B-S-51

[MEMO ITEM]

Subitemization of Card Services(08/25/15)

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Caleb Guerrero

Mailing Address 4517 N Laporte Avenue

City	State	Zip Code
Chicago	IL	60630-3915

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

234.17

Transaction ID : B-E-144

B. Jacob D Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

384.08

Transaction ID : B-E-143

c. Steve Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Travel and Meals

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

2121.36

Transaction ID : B-E-138

Original vendors exceeding reporting threshold itemized
as memo transactions.**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2739.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Priceline Car Rental

Mailing Address 800 Connecticut Avenue

City	State	Zip Code
Norwalk	CT	06854-1631

Purpose of Disbursement
Car Rental

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

196.26

Transaction ID : B-S-113

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

B. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

193.59

Transaction ID : B-S-107

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

c. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Air Travel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

395.18

Transaction ID : B-S-108

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address 2702 Love Field Drive

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement
Air Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

418

Transaction ID : B-S-109

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

B. Southwest Airlines

Mailing Address 2702 Love Field Drive

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement
Air Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

353.98

Transaction ID : B-S-111

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

C. Southwest Airlines

Mailing Address 2702 Love Field Drive

City	State	Zip Code
Dallas	TX	75235-1908

Purpose of Disbursement
Air Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

164

Transaction ID : B-S-112

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Steve Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Fee and Car Rental

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

61.68

Transaction ID : B-E-139

Original vendors exceeding reporting threshold itemized as memo transactions.

B. Spirit Airlines

Mailing Address 2800 Executive Way

City	State	Zip Code
Miramar	FL	33025-6542

Purpose of Disbursement
Baggage Fees

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

25

Transaction ID : B-S-98

[MEMO ITEM]

Subitemization of Steve Krogh(08/25/15)

c. Steve Krogh

Mailing Address 29W211 Pine Avenue

City	State	Zip Code
West Chicago	IL	60185-2028

Purpose of Disbursement
Administrative/Salary/Overhead: Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2015

Amount of Each Disbursement this Period

4177

Transaction ID : B-E-145

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4238.68

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. N. Eugene Cleek MD

Mailing Address PO Box 944

Date of Disbursement

M M	D D	Y Y Y Y
08	28	2015

City	State	Zip Code
Orland	CA	95963-0944

Purpose of Disbursement
Inkind: Campaign T-Shirts

Amount of Each Disbursement this Period

644.4

Transaction ID : B-I-152

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Cedar Creek

Mailing Address 6254 Clark Road

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2015

City	State	Zip Code
Paradise	CA	95969-4104

Purpose of Disbursement
Administrative/Salary/Overhead: Printing

Amount of Each Disbursement this Period

775.78

Transaction ID : B-E-153

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306

Date of Disbursement

M M	D D	Y Y Y Y
09	01	2015

City	State	Zip Code
Sacramento	CA	95816-5755

Purpose of Disbursement
Credit Card Processing Fees

Amount of Each Disbursement this Period

7

Transaction ID : B-E-159

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1427.18

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. Stevens Advertising, Inc.Mailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637Purpose of Disbursement
Web Hosting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	14	2015

Amount of Each Disbursement this Period

39

Transaction ID : B-E-160

B. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2015

Amount of Each Disbursement this Period

7

Transaction ID : B-E-211

C. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2015

Amount of Each Disbursement this Period

52.5

Transaction ID : B-E-208

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

98.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2015

Amount of Each Disbursement this Period

13.5

Transaction ID : B-E-209

B. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2015

Amount of Each Disbursement this Period

16.75

Transaction ID : B-E-210

C. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2015

Amount of Each Disbursement this Period

40

Transaction ID : B-E-262

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

70.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cleck for Congress

Full Name (Last, First, Middle Initial)

A. eFundraising ConnectionsMailing Address 2131 Capitol Avenue
Suite 306City State Zip Code
Sacramento CA 95816-5755Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

166.68

Transaction ID : B-E-263

001

Category/
Type**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

Category/
Type**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

166.68

33280.42

SCHEDULE C (FEC Form 3)
LOANS

PAGE 42 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L1

Cleck for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

N. Eugene Cleek MD

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 944

City

State

ZIP Code

Orland

CA

95963-0944

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000

0

50000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
04 / 01 / 2015M M / D D / Y Y Y Y
12/31/2018

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L2

Cleck for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

N. Eugene Cleek MD

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 944

City

State

ZIP Code

Orland

CA

95963-0944

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

110000

0

110000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 23 / 2015M M / D D / Y Y Y Y
/ 12/31/2016M M / D D / Y Y Y Y
/ 12/31/2016

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

110000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 44 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L3

Cleek for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

N. Eugene Cleek MD

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO Box 944

City

State

ZIP Code

Orland

CA

95963-0944

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000

0

30000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 30 / 2015M M / D D / Y Y Y Y
12/31/2018

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

TOTALS This Period (last page in this line only)..... ►

190000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 OF 47

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Cleek for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stevens Advertising, Inc.

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Website
SupportMailing Address 190 Monroe Avenue NW
Suite 200City State Zip Code
Grand Rapids MI 49503-2637

Outstanding Balance Beginning This Period

7052.68

Transaction ID : SD10-DEBT100

Amount Incurred This Period

0

Payment This Period

7052.68

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Krogh

Nature of Debt (Purpose):

Administrative/Salary/Overhead:
Reimbursement:Meals and Travel

Mailing Address 29W211 Pine Avenue

City State Zip Code
West Chicago IL 60185-2028

Outstanding Balance Beginning This Period

2634.63

Transaction ID : SD10-DEBT108

Amount Incurred This Period

0

Payment This Period

2634.63

Outstanding Balance at Close of This Period

0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The KAL Group

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Bookkeeping

Mailing Address PO Box 984

City State Zip Code
Willows CA 95988-0984

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT273

Amount Incurred This Period

750

Payment This Period

0

Outstanding Balance at Close of This Period

750

1) **SUBTOTALS** This Period This Page (optional) ▶

750.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 OF 47

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Cleek for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cardmember Service

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Credit Card
Payment

Mailing Address PO Box 94014

City State

Zip Code

Palatine

IL

60094-4014

Outstanding Balance Beginning This Period

1184.29

Transaction ID : SD10-DEBT106

Amount Incurred This Period

0

Payment This Period

1184.29

Outstanding Balance at Close of This Period

0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Deo Volente Ventures LLC

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Social Media
AdvertisingMailing Address 2885 Sanford Avenue SW
22758

City State

Zip Code

Grandville

MI

49418-1342

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT268

Amount Incurred This Period

736.26

Payment This Period

0

Outstanding Balance at Close of This Period

736.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RedRock Strategies

Nature of Debt (Purpose):

Administrative/Salary/Overhead: Consulting
and TravelMailing Address 9500 W Flamingo Road
Suite 203

City

State

Zip Code

Las Vegas

NV

89147-5721

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT272

Amount Incurred This Period

2941

Payment This Period

0

Outstanding Balance at Close of This Period

2941

1) **SUBTOTALS** This Period This Page (optional) ▶

3677.26

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 OF 47

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Cleek for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Solutions

Nature of Debt (Purpose):

Fundraising: Fundraising Email Deployment

Mailing Address 117 N Saint Asaph Street

City State

Zip Code

Alexandria

VA

22314-3109

Outstanding Balance Beginning This Period

0

Transaction ID : SD10-DEBT72

Amount Incurred This Period

632.96

Payment This Period

0

Outstanding Balance at Close of This Period

632.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

632.96

2) **TOTALS** This Period (last page this line number only)

5060.22

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

190000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

195060.22